



**Jerome A. Prince**  
*Mayor, City of Gary*

CITY OF GARY  
HEALTH & HUMAN SERVICES

**Arlene Colvin**  
*Chief of Staff*

**Roland Walker, MD**  
*Health Commissioner*

**Veronica Collins**  
*Executive Director*

## MAIL FORM

Your request for a Birth or Death Certification cannot be processed without the following information:

1. Full name
2. Date of birth (for Birth Certificates)
3. Date of death (for Death Certificates)
4. Father's full name (if listed on Birth Certificate)
5. Mother's full maiden name
6. Copy of Valid Driver's License or State Identification Card (Passport or other form of identification may be accepted) For additional information, contact Vital Records at 219-882-5565.
7. A phone number where you can be reached if necessary.
8. Birth Certificates – a money order for \$15 per copy made out to the Gary Health Department
9. Death Certificates – a money order for \$12 per copy made out to the Gary Health Department
10. A self-addressed envelope with complete address

Please mail this information to:

GARY HEALTH DEPARTMENT  
ATTN: VITAL RECORDS  
1145 W. 5<sup>TH</sup> AVENUE  
GARY, IN 46402